

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Maryland USA		FEC IDENTIFICATION NUMBER ▼ C C00581777	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Pound, Feinstein & Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2016		
Mailing Address 5614 Connecticut Ave., NW Suite 270			Amount 5940.00		
City Washington	State DC	Zip Code 20015	Transaction ID : SE.4328		
Purpose of Expenditure TV advertising; production cost (also opposes John Delaney)		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2016		
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought 803979.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Red Maverick Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2016		
Mailing Address 403 N. Second St. Fl. 2			Amount 48039.00		
City Harrisburg	State PA	Zip Code 17101	Transaction ID : SE.4327		
Purpose of Expenditure Direct mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2016		
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD		
Calendar Year-To-Date Per Election for Office Sought 798039.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53979.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Joel Riter

[Electronically Filed]

Date

MM / DD / YYYY
09 / 23 / 2016

Signature

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NAME OF COMMITTEE (In Full) Maryland USA		FEC IDENTIFICATION NUMBER ▼ C C00581777	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Target Enterprises, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2016	
Mailing Address 15260 Ventura Blvd., Ste. 1240		Amount 750000.00	
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : SE.4326
Purpose of Expenditure TV advertising; placement cost (also opposes John Delaney)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2016
Name of Federal Candidate Amie Hoeber		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 750000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	750000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	803979.00

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